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Milest National Control of the Contr	Doddinent	i age
Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Northern District of Illinois		
Case number (If known):	Chapter you are file	ing under:
	Chapter 7 Chapter 11	
	Chapter 12	
	Chapter 13	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOV 17 2016

JEFFREY P. ALLSTEADT, CLERK Check if this is an amended filing

#### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

It known). Answer every question	on.	,
CITATE Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		, , , , , , , , , , , , , , , , , , , ,
Write the name that is on your government-issued picture	TONYA	
identification (for example, your driver's license or	First name	First name
passport).	Middle name	Middle name
Bring your picture	GOODE	
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you		
have used in the last 8 years	First name	First name
Include your married or maiden names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of your Social Security number or federal Individual Taxpayer	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	XXX — XX —
Identification number (ITIN)	9 xx - xx	9 xx - xx

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TONYA GOO		Case number (if known)
	and the state of t	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer dentification Numbers EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.
he last 8 years notude trade names and	Business name	Business name
loing business as names	Business name	Business name
·	EIN	EIN — — — — — — —
	EIN	EIN
Vhere you live		If Debtor 2 lives at a different address:
	4716 S EHS EULIS AVE. Number Street	Number Street
	3B	raniper Street
	CHICAGO         IL         60615           City         State         ZIP Code	
	COOK County State ZIP Code	City State ZIP Cox
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
s district to file for	Check one:  Over the last 180 days before filing this petition,	Check one:  Over the last 180 days before filing this petition,
	t have lived in this district longer than in any other district.	I have lived in this district longer than in any other district.
	(See 28 U.S.C. § 1408.)	I have another reason. Explain.     (See 28 U.S.C. § 1408.)
		44
	other district.  I have another reason. Explain.	other district.  I have another reason, Explain.

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Debtor	1	
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<b>TONYA</b>	GOODE
Pinest Billion	

Case number (if known)

Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?				MM / DD / YYYY	
cases pending or being filed by a spouse who is not filing this case with					Case number, if known
cases pending or being	100.		When		Relationship to you
	☑ No ☐ Yes.	Debtor			
				MM / DD / YYYY	
		District	When		Case number
		District	When	MM / DD / YYYY	Case number
yours:	,		vynen	MM / DD / YYYY	Case number
Have you filed for bankruptcy within the last 8 years?	☑ No ☐ Yes	District	When		
	Cha	pter 7 Filir	ng Fee Waived (Official Form	103B) and file it	with your petition.
	less	aw, a judg than 1509	e may, but is not required to, % of the official poverty line th	waive your fee, nat applies to you	tion only if you are filing for Chapter is and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have th
	Арр	lication foi	Individuals to Pay The Filing	g Fee in Installm	ents (Official Form 103A).
	☐ I ne	ed to pay	the fee in installments. If ye	ou choose this o	ntion, sign and attach the
	you sub	rself, you mitting you	may pay with cash, cashier's	check, or money	y order. If your attorney is pay with a credit card or check
3. How you will pay the fee	IOC	a court for	more details about how you	may pay. Typica	neck with the clerk's office in your
	☐ Cha	apter 13			
	☐ Cha	apter 12			
	☐ Ch	apter 11			
	☑ Ch	apter 7			
are choosing to file under	tor Ban	one. (For a kruptcy (Fo	brief description of each, see Norm 2010)). Also, go to the top of	ptice Required by 1 page 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.

☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

No. Go to line 12.

this bankruptcy petition.

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Debtor 1 TONYA GOC First Name Middle Na	DE	Last Name		Case number (if known)	
Report About Any	Busines	ses You Own as a Se	ole Proprietor		
12. Are you a sole proprietor of any full- or part-time		Go to Part 4.			
business? A sole proprietorship is a	<b>∟</b> Yes	. Name and location of b	usiness		
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any			
LLC. If you have more than one		Namber Officer			
sole proprietorship, use a separate sheet and attach it					
to this petition.		City		State ZIP Code	
		Check the appropriate I	box to describe your busi	ness:	
		☐ Health Care Busine	ss (as defined in 11 U.S.	C. § 101(27A))	
		☐ Single Asset Real E	state (as defined in 11 U	.S.C. § 101(51B))	
		☐ Stockbroker (as def	ined in 11 U.S.C. § 101(5	63A))	
		☐ Commodity Broker (	(as defined in 11 U.S.C. §	3 101(6))	
		☐ None of the above			
3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small	can set most re any of t	appropriate deadlines. If cent balance sheet, state	you indicate that you are ement of operations, cash exist, follow the procedure	hether you are a small busine e a small business debtor, you flow statement, and federal e in 11 U.S.C. § 1116(1)(B).	u must attach vour
business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am filing under Chapte the Bankruptcy Code.	er 11, but I am NOT a sma	all business debtor according	y to the definition in
	Yes.	I am filing under Chapte Bankruptcy Code.	r 11 and I am a small bus	siness debtor according to the	e definition in the
Part 4: Report if You Own	or Have	Any Hazardous Prop	erty or Any Property	That Needs Immediate	> Attention
. Do you own or have any	<b>☑</b> No				
property that poses or is alleged to pose a threat	Yes.	What is the hazard?			·
of imminent and identifiable hazard to					
public health or safety?					V
Or do you own any property that needs					
immediate attention?		If immediate attention is	s needed, why is it neede	ed?	Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?					
		Where is the property?	Number Street		
			THE STATE OF THE S		
			City	State	ZiP Code
			Ony	State	ZIP Code

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Debtor 1

TONY	'A GOODE	
Engl Marvo	Middle Name	Last Name

Case number (if known)	
------------------------	--

Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1	:
-------	--------	---	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to	receive a	briefing	abou
credit counseling be	cause of:	:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	aboul
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	Ouse 10 0000	Docum	nent Page 6 of 58	E4.22.11 Dood Main
Debto	or 1 TONYA GOC	DDE	Case number (if k	nown)
		Lost reality		
Pan	MG: Answer These Que	stions for Reporting Purpo	oses	
	What kind of debts do	16a. Are your debts prima as "incurred by an individ	arily consumer debts? Consumer de ual primarily for a personal, family, or ho	bts are defined in 11 U.S.C. § 101(8)
у	ou have?	No. Go to line 16b. Yes. Go to line 17.	, , , , ,	
		16b. Are your debts prima money for a business or i	arily business debts? Business debts investment or through the operation of the	are debts that you incurred to obtain business or investment.
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts yo	ou owe that are not consumer debts or bu	siness debts.
	re you filing under hapter 7?	□ No. I am not filing under C	Chapter 7. Go to line 18.	er (1905) de la Companya de la companya de la Companya de la Companya de Compa
aı ex aı aı aı	to you estimate that after ny exempt property is xcluded and dministrative expenses re paid that funds will be vailable for distribution o unsecured creditors?	Yes. I am filing under Chap administrative expense No	ter 7. Do you estimate that after any exer es are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
yo	ow many creditors do ou estimate that you we?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
es	ow much do you stimate your assets to worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
es	ow much do you stimate your liabilities be? 78 Sign Below	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
For y		If I have chosen to file under Chof title 11, United States Code. I under Chapter 7.  If no attorney represents me and this document, I have obtained a I request relief in accordance with understand making a false state.	lit in fines up to \$250,000, or imprisonme	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed who is not an attorney to help me fill out § 342(b).  ode, specified in this petition.

Executed on \_\_\_\_\_\_MM

Signature of Debtor 2

MM / DD /YYYY

Executed on

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or your attorney, if you are epresented by one	I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of tit available under each chapter for which the per the notice required by 11 U.S.C. § 342(b) and	le 11, United States Code, ar son is eligible. I also certify the	nd have hat I ha	e exp	olaine Ielive	ed the relief red to the debtor(
you are not represented y an attorney, you do not eed to file this page.	the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b knowledge after an inquiry that the information in the schedules filed with					
	Signature of Attorney for Debtor	Date	MM	i	DD	/YYYY
	Printed name					en e
	Firm name			***************************************	***************************************	TO THE RESIDENCE OF THE PARTY O
	Number Street					
	City	State	ZIP C	ode		
	Contact phone	Email address	********			
			-			
	Bar number	State				

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Debtor 1

TONYA (			Case number ut known	n
First Name	Middle Name	Last Name		·

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be familiar with any state exemption laws that apply.		
Are you aware that filing for bankruptcy is a serious acticonsequences?  No Yes	on with long-te	rm financial and legal
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison   No   Yes		bankruptcy forms are
Did you pay or agree to pay someone who is not an atto No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Decl		
By signing here, I acknowledge that I understand the risi have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I	nat filing a bant	cruptcy case without an
Signature of Debtor 1	Signature of De	btor 2
Date III7 20% MN / DD / YYYY	Date	MM / DD / YYYY
Contact phone	Contact phone	
Cell phone	Cell phone	
Email address	Email address	

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Fill in this in	iformation to iden	tify your case:		
Debtor 1	TONYA GOOD	ΡE		900000000000000000000000000000000000000
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	***************************************
United States I	Bankruptcy Court for t	he: Northern District of I	llinois	
Case number				
	(If known)		***************************************	

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

information. Fill out all of your schedules first; then complete the information on this form. If you are filing amende your original forms, you must fill out a new Summary and check the box at the top of this page.	d schedule	s after you file
Parelle Summarize Your Assets		
	Your ass	ets what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,500.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	1,500.00
Part 2: Summarize Your Liabilities		
	Your lial	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>*</b> \$	11,053.00
Your total liabilities	\$	11,053.00
art St. Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,800.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		1,716.00

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Det	otor 1 TONYA GOODE First Name Middle Name Last Name Case number (if known)
Pa	71 4: Answer These Questions for Administrative and Statistical Records
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  ✓ Yes
·. 7. !	What kind of debt do you have?
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
	and the street of the control of the street of the control of the control of the control of the street of the control of the c
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$ 1,800.00
э. С	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:
	Total claim
	From Part 4 on Schedule E/F, copy the following:
g	ba. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

0.00

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Fill in this information to identify your case and th	is filing:		
Debtor 1 TONYA GOODE			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern District of			
	i minois		
Case number		i	Check if this is an
		,	amended filing
Official Form 1064/D			g
Official Form 106A/B			
Schedule A/B: Propert	t <b>y</b>		12/15
In each category, separately list and describe item category where you think it fits best. Be as compiresponsible for supplying correct information. If n write your name and case number (if known). Ans	lete and accurate as possible. If two married peo nore space is needed, attach a separate sheet to	ple are filing together, b this form. On the top of	oth are equally
1. Do you own or hove any legal or equitable inter-			
<ol> <li>Do you own or have any legal or equitable intered</li> <li>No. Go to Part 2.</li> </ol>	est in any residence, building, land, or similar pro	operty?	
Yes. Where is the property?			
Tes. Where is the property:	What is the property? Check all that apply.	<del>-</del>	
	☐ Single-family home	Do not deduct secured of the amount of any secure	ed claims on Schedule D:
1.1. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clai	ms Secured by Property.
	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land Investment property	\$	\$
	Timeshare	Describe the nature	of your ownership
City State ZIP Code	Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check on	the entireties, or a lif	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
•	Debtor 1 and Debtor 2 only		mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this	item, such as local	
If you own or have more than one, list here;	property identification number:		
a you own or have more than one, not here.	What is the property? Check all that apply.		
	☐ Single-family home	Do not deduct secured cla the amount of any secure	aims or exemptions. Put d claims on Schedule D:
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
Or other dead of the dead in t	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land Investment property	\$	<b>\$</b>
	Timeshare	Describe the nature of	f your ownership
City State ZIP Code	Other	interest (such as fee :	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
	Debtor 1 only	***************************************	
County	Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	property
	Other information you wish to add about this it	em, such as local	
	property identification number:	, vuon uo ivudi	

Document Page 12 of 58 **TONYA GOODE** Debtor 1 Case number (#known What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership City State ZIP Code □ Timeshare interest (such as fee simple, tenancy by Other\_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Mo No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.2 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

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Doc 1

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Case 16-36668 Doc 1 Filed 11/17/16 Entered 11/17/16 14:22:11 Desc Main Page 13 of 58 Document **TONYA GOODE** Debtor 1 Case number (if known) Who has an interest in the property? Check one. 3.3 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 2 No Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

0.00

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Debtor 1

**TONYA GOODE** First Name Middle Name

Last Name

Case number (if known)\_

		ur Personal and Household Items	Current	value of the
D		legal or equitable interest in any of the following items?	portion y	
			or exempti	
6.	Household goods and	•		
		nces, furniture, linens, china, kitchenware		
	No Yes. Describe	FURNITURE	<b>\$</b>	250.00
7.	Electronics			
	collections:	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	No Yes. Describe	ELECTRONICS	\$	1,000.00
8.	Collectibles of value		and the second	
		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	***************************************
9.	Equipment for sports		***************************************	
	and kayaks;	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	No No			
	Yes. Describe		\$	
10	☑ No	, shotguns, ammunition, and related equipment		
	Yes. Describe		\$	
11	Clothes  Examples: Everyday clo	thes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe	CLOTHING	-	250.00
	- 100. Deconpo		\$	230.00
12	.Jewelry Examples: Everyday jev	velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	gold, silver			
	Yes. Describe		\$	
13	Non-farm animals  Examples: Dogs, cats, b			
	☑ No			
	Yes. Describe		\$	
14	Any other personal and	l household items you did not already list, including any health aids you did not list	ound.	
	☑ No		,,	
	Yes. Give specific		\$	
15		all of your entries from Part 3. including any entries for pages you have attached		
1.3	AUG THE COURT VAIDE OF	AR DE YOUR HOUSES FROM MALE A BICHEGIBO ARV ENTRES TOT NAMES VALUEAVE ATTACHED		4 500 00

for Part 3. Write that number here

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Debtor 1

Part 4:

**TONYA GOODE** 

Middle Name

**Describe Your Financial Assets** 

Do you own or have any legal or equitable interest in any of the following?

Last Name

Case number (# known)\_

Current value of the

16. Cash			
Examples: Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your pe	etition
□ No			
2 Yes		Cash:	s 30.00
			, <u></u>
17. Deposits of money			
Examples: Checking, s		ints; certificates of deposit; shares in credit unions, brokeraç	ge houses,
and others	imilar institutions, it you have n	nultiple accounts with the same institution, list each.	
Yes		Institution name:	
	17.1. Checking account:		\$
	17.2. Checking account:		<u> </u>
	17.3. Savings account:		<u> </u>
	17.4. Savings account	444444444444444444444444444444444444444	<b></b> \$
	17.5. Certificates of deposit:		
	17.6. Other financial account:		
	17.7. Other financial account:		A committee of any dearly and an advantage of a committee of a com
	17.8. Other financial account:		
			<u> </u>
	17.9. Other financial account:		<b></b> \$
to Danda, makest familia	ar architate tracked atacks		
·	or publicly traded stocks investment accounts with brok	erage firms, money market accounts	
☑ No			
☐ Yes	Institution or issuer name:		
			\$
			<u> </u>
			<b>\$</b>
19 Non-oubliely traded s	tock and interests in incorpo	rated and unincorporated businesses, including an inte	rest in
an LLC, partnership, a	•		
☑ No	Name of entity:	% of owner	rship:
Yes. Give specific information about		0%	% \$
them	4,00,000,000,000,000,000,000,000,000,00	0%	% \$
		0%	% #

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**TONYA GOODE** Debtor 1

Middle Name

Last Name

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Case number (if known)

	nents are those you car	nnot transfer to someone by signing or delivering them.	
No Yes. Give specific information about	Issuer name:		
them		W-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	\$
			\$
			\$
21. Retirement or pensio Examples: Interests in		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No			
Yes. List each account separately	Type of account:	Institution name:	
,	401(k) or similar plan:		\$
	, -		
	Pension plan:		<b>\$</b>
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
22. Security deposits and	Additional account:		\$ \$
Your share of all unuse	Additional account:  I prepayments  Id deposits you have m.		
Your share of all unuse Examples: Agreements companies, or others	Additional account:  I prepayments  ed deposits you have m. s with landlords, prepaid	ade so that you may continue service or use from a company	
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments  ed deposits you have m. s with landlords, prepaid	ade so that you may continue service or use from a company frent, public utilities (electric, gas, water), telecommunications	
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments  ed deposits you have m. s with landlords, prepaid	ade so that you may continue service or use from a company frent, public utilities (electric, gas, water), telecommunications	
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ad deposits you have many swith landlords, prepaid  Inst	ade so that you may continue service or use from a company frent, public utilities (electric, gas, water), telecommunications	\$\$
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ed deposits you have m. s with landlords, prepaid  Inst  Electric:  Gas:  Heating oil:	ade so that you may continue service or use from a company frent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ed deposits you have meas with landlords, prepaid  Institute Case:  Gas:  Heating oil:  Security deposit on renting prepaid rent:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ed deposits you have m. s with landlords, prepaid  Ins: Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ad deposits you have many swith landlords, prepaid  Electric:  Gas:  Heating oil:  Security deposit on rent  Prepaid rent:  Telephone:  Water:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$\$\$\$\$\$
Your share of all unuse Examples: Agreements companies, or others  No	Additional account:  I prepayments ed deposits you have m. s with landlords, prepaid  Ins: Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unuse Examples: Agreements companies, or others	Additional account:  I prepayments ad deposits you have many swith landlords, prepaid  Electric:  Gas:  Heating oil:  Security deposit on rent  Prepaid rent:  Telephone:  Water:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$\$\$\$\$
Your share of all unuse Examples: Agreements companies, or others  No Yes	Additional account:  I prepayments  Id deposits you have more with landlords, prepaid  Institute the second of the	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$\$\$\$\$\$
Your share of all unuse Examples: Agreements companies, or others  No Yes	Additional account:  I prepayments  Id deposits you have more with landlords, prepaid  Institute the second of the	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$\$\$\$\$\$

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Document Page 17 of 58 **TONYA GOODE** Debtor 1 Case number (if know 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). 2 No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No No ☐ Yes. Give specific information about them... \$ 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 2 No ☐ Yes. Give specific information about them.... \$ 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you 2 No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Z No ☐ Yes. Give specific information.....

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**TONYA GOODE** Debtor 1 First Name

Last Name Middle Name

Case number (if known)

31	Interests in insurance policies			
		ce; health savings account (F	ISA); credit, homeowner's, or renter's insurance	
	No Yes. Name the insurance company	Company name:	Beneficiary:	Surrender or refund value:
	of each policy and list its value		,	
				\$
				\$
				\$
32	Any interest in property that is due you if you are the beneficiary of a living trust, exproperty because someone has died.		d urance policy, or are currently entitled to receive	
	☑ No			
	☐ Yes. Give specific information			
		and a street of the street		\$
33.	Claims against third parties, whether or Examples: Accidents, employment disputes  No	s, insurance claims, or rights		anni.
	Yes. Describe each claim			\$
				<del>V</del>
34.	Other contingent and unliquidated claim to set off claims	s of every nature, including	counterclaims of the debtor and rights	
	☑ No			
	☐ Yes. Describe each claim.			
	8			\$
35.	Any financial assets you did not already	list		
	2 No			
	Yes. Give specific information			
		te and de la colonia formation and and all all all the best of the state of the desired the latter from the more than the state of the		
00	Add the dollar value of all of your entries	from Dort 4 including any	antring for pages you have attached	
30,	_		- Pages you have autoned	\$ 30.00
			One as blanca on budanced to 3 to 4 and 1	16_6_
	rtt <sup>5</sup> : Describe Any Business-F	elated Property You	Own or Have an Interest in. List any r	eai estate in Part 1.
37.	Do you own or have any legal or equitab	le interest in any business-	related property?	
	No. Go to Part 6.	•		
	☐ Yes. Go to line 38.			
				Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
				or exemptions.
38.	Accounts receivable or commissions you	u aiready earned		
	No No	$\{a_{11}, a_{12}, a_{13}, a_{14}, a_{$		
	Yes. Describe			s
	!			<u> </u> *
39.	Office equipment, furnishings, and supp Examples: Business-related computers, software.		achines, rugs, telephones, desks, chairs, electronic devices	
	[7] No.			
	Yes. Describe	the Water Line Substitute Annihold Arthur (Albert Miller AM) to the Substitute of the Line of the second for the second substitute of the		Ţ.
	, co. ocoding	AND A STATE OF THE PARTY OF THE		<b>*</b>
	to mean recognition of the control o	V		

Case 16-36668 Doc 1 Filed 11/17/16 Entered 11/17/16 14:22:11 Document Page 19 of 58 **TONYA GOODE** Debtor 1 First Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe... 41. Inventory Mo No ☐ Yes. Describe. 42. Interests in partnerships or joint ventures Mo No Yes. Describe...... Name of entity: % of ownership: % % 43. Customer lists, mailing lists, or other compilations Mo No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list M No Yes. Give specific information ..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish

☐ Yes.....

M No

Page 20 of 58 Document **TONYA GOODE** Debtor 1 Case number tit known Last Name 48. Crops-either growing or harvested Mo No ☐ Yes. Give specific information..... 49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Z No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed Z No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list 2 No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ZI No 0.00 ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54 Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2... 0.00 56. Part 2: Total vehicles, line 5 1,500.00 57. Part 3: Total personal and household items, line 15 30.00 58. Part 4: Total financial assets, line 36 1,530.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 1,530.00 1,530.00 62. Total personal property. Add lines 56 through 61. ..... Copy personal property total \Rightarrow 🛨 \$ 1,530.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

Case 16-36668

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Case 16-36668 Doc 1 Filed 11/17/16 Entered 11/17/16 14:22:11 Desc Main Page 21 of 58 Document Fill in this information to identify your case: **TONYA GOODE** Debtor 1 First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois ☐ Check if this is an Case number amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). 2017 H. List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and

		Total claim	Priority amount	Nonpi amou
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	when was the debt incurred?			
	As of the date you file, the claim is: Check all that apply	,		
		•		
City State ZIP Code	☐ Contingent ☐ Unliquidated			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	☐ Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were			
Is the claim subject to offset?	intoxicated			
□ No	Other. Specify			
U Yes	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	rakinaki kesi asalaki kebihwa da sakuawa da sakua da serinci ka di enemasi kesininga.	ieroczniewsko wowenawske kastonikaste	ranno es constituis de constituis de la co
	Last 4 digits of account number	\$	\$	s
Priority Creditor's Name	When was the debt incurred?		-	
Number Street	As of the date you file, the claim is: Check all that apply			
		-		
Olaho 770 A	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another  Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?	Other. Specify			

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#### Particles Your PRIORITY Unsecured Claims — Continuation Page

Af	ter listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority	Nonpriority
	<b>1</b>			amount	amount
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Thomas or teams	100			
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
			•		
	City State ZIP Code	Contingent Unliquidated			
	State ZIP Code	Disputed			
	Who incurred the debt? Check one.	■ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Demostic support ability in			
	Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
	Is the claim subject to offset?				
	□ No				
	Yes				
			P4+65/986-1425/82175/833 P5/438375/14/925-61-6/9-4/9	photographic photographic process and process of the photographic photographic photographic process of the photographic ph	tallications with presummers and to expense on a trace
		Land A distance and a	•	•	_
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
		Disputed			
	Who incurred the debt? Check one.	•			:
	Debtor 1 only	Type of PRIORITY unsecured claim:			i
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			į
	At least one of the debtors and another	Claims for death or personal injury while you were			· · · · · · · · · · · · · · · · · · ·
	☐ Check if this claim is for a community debt	intoxicated			:
	•	Other. Specify			į.
	Is the claim subject to offset?				
	□ No				
	☐ Yes	**************************************			
					State (militario Appartuntes estructural estabular el merito)
	Priority Creditor's Name	Last 4 digits of account number	\$:	\$	<b></b> .
		When was the debt incurred?			
	Number Street	when was the dept inculied?			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
	City State ZIP Code	Unliquidated			
		☐ Disputed			
	Who incurred the debt? Check one.	•			;
	Debtor 1 only	Type of PRIORITY unsecured claim:			1 2
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			:
	At least one of the debtors and another	Claims for death or personal injury while you were			
	Check if this claim is for a community debt	intoxicated  Other. Specify	What the Control of the state o	in the state of th	age-grape concrete selected brasine Vectorial Acres
	Is the claim subject to offset?	The state of the s			1
	□ No				
	Yes				
	The second secon	And the second s			1

TONYA GOODE

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Debtor 1

Part 2:	List All	of Your	NONPRIORITY	Unsecured	Claims

	Do any creditors have nonpriority un  No. You have nothing to report in th  Yes		• •			
	nonpriority unsecured claim, list the cred	ditor separa ditor holds a	itely for each clain	order of the creditor who holds each claim. If a creditor han, For each claim listed, identify what type of claim it is. Do no ist the other creditors in Part 3.If you have more than three no	t list clai	ims already
					Tota	l claim
4,1	COMMONWEALTH EDISON	co		Last 4 digits of account number		4 500 00
	Nonpriority Creditor's Name			When was the debt incurred?	\$	1,500.00
	3 LINCOLN CENTER Number Street		******			
	OAKBROOK TERRACE	IL State	60181 ZIP Code	As of the date you file, the claim is: Check all that apply.		
÷	•			☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
•	Debtor 1 only			☐ Disputed		;
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		:
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	s	i
	□ No			Other: Specify		•
	Yes	JACON GARGOTTA EL PART MONTANA CA				
4.2	PEOPLES GAS			Last 4 digits of account number	\$	700.00
:	Nonpriority Creditor's Name			When was the debt incurred?		
	200 E RANDOLPH Number Street	Photo but the comment of the comment				
	CHICAGO	IL	60601	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		:
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		į
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☐ No ☐ Yes			Other. Specify		i
	La Tes via lottarakistota diphalophotporporporporana kookan remere kanka uykahan vii menagamera peramon peramon madapus	elektrist elektrist soller elektrist til soller elektrist til soller elektrist til soller elektrist til soller			asyanje doskove giras.	Ingalang kananganan interpretangangan genggapangan saad
4.3	PORTFOLIO RECOVERY ASS Nonpriority Creditor's Name	3		Last 4 digits of account number	\$	1,200.00
	POB 41067			When was the debt incurred?		
	Number Street	<del></del>				
	NORFOLK City	VA State	23541 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	·	Oldic	Zii Gode	Contingent		:
	Who incurred the debt? Check one.  Debtor 1 only			Unliquidated		:
	Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		:
	☐ Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce		
	is the claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		1
	No Yes			Other. Specify		

TONYA GOODE

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Part 2:

#### Your NONPRIORITY Unsecured Claims - Continuation Page

SYNCB/BP			Last 4 digits of account number	s 1,125.0
Nonpriority Creditor's Name				\$_1,120.0
POB 965024 Number Street			When was the debt incurred?	
ORLANDO	FL	32896	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Che	ck one		Unliquidated	
Debtor 1 only	sk one,		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				
At least one of the debtors a	nd another		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
Check if this claim is for	n aanmaniniste, dabé		you did not report as priority claims	
	_		Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset	?		Other. Specify	
☐ No ☐ Yes				
ON CONTRACTOR OF A RELIEF	રીકો પ્રોતાના ભાગમાં કરવા કરવા કરવા કરવા કરવા છે. જે તેમ કરવા માટે કરવા કરવા કરવા કરવા કરવા છે. જે માટે કરવા ક જે તેમ કરવા કરવા કરવા કરવા કરવા કરવા કરવા કરવા	ination kundering of secularized philosophic energy, by the expect years rest	Last 4 digits of account number	s 577.0
US BANK Nonpriority Creditor's Name				\$ 311.0
POB 108			When was the debt incurred?	
Number Street			_	
SAINT LOUIS	MO	63166	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Chec	le ana		Unliquidated	
	k one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Time of NONDRIODITY in account details	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors ar	d another		Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset	?		Other. Specify	
☐ No				
Yes	ellik o Bartiston seeliisesti (Novemin eli kooluura aksika aaratte muususta saaratte saaratte	ook delakte o beroek on a serial of a seri		
COMENITY BANK			Last 4 digits of account number	\$_2,800.0
lonpriority Creditor's Name			When was the debt incurred?	
PO BOX 182789	4.4.4		**************************************	
lumber Street COLUMBUS	ОН	43218	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Vho incurred the debt? Ched	cone.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors an	d another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
Check if this claim is for a	community debt		you did not report as priority claims	
	<del>-</del>		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other. Specify	
Ĵ No				

Part 3:

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Debtor 1

#### List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claim
			- The State Control of the Children	Last 4 digits of account number
City	the the state of t	State	ZIP Code	
Vame				On which entry in Part 1 or Part 2 did you list the original creditor?
Yumber	Street		***************************************	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
			Particular	Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
lame	\$\frac{1}{2} \text{2.50} \text	CAN CARLO SERVICE AND	PHY SOUTE AT LACK DAY PRINTED BY BROOKE PRINTED AS AN AND AN AND AN AND AN AND AND AND AND	On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	VIII. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	State	ZIP Code	Last 4 digits of account number
***********	n en niger (n. 1821), en	31816 31 - 31 - 31 - 31 - 31 - 31 - 31 - 31 -	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
	avea ear angoto earlestaments stars. The extremy times	e maran e escent de mestachere (filosope esc.		On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	Caladara anna samura se també epoces, espaço es propertos espaços espaços espa	ant and a state of the state of	2 (10 sept. 10 feb.) 10 may 2003 20 may 2	On which entry in Part 1 or Part 2 did you list the original creditor?
ame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
ity		State	ZIP Code	Last 4 digits of account number
	Sandand prilimeter expenses are more recognitive than the designation of the second state of the second st	arrivoro, reconstante de la companya de la company	en e	On which entry in Part 1 or Part 2 did you list the original creditor?
ame	THE STATE OF THE S			•
umber	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
	**************************************		··········	Claims
ity		State	ZIP Code	Last 4 digits of account number

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**TONYA GOODE** 

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6с	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	Other. Add all other priority unsecured claims.     Write that amount here.	6d.	+ \$	0.00
	6e	. <b>Total.</b> Add línes 6a through 6d.	6e.	\$	0.00
				Total claim	1.000 800
Total claims	6f.	Student loans	6f.	Total claim	0.00
Total claims from Part 2		Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority			
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other	6g.		0.00

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Part 2:

Your NONPRIORITY Unsecured Claims	C	ontinuation	Page
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ILLINOIS EYE INSTITU	JTE		Last 4 digits of account number	\$	124.
Nonpriority Creditor's Name			When was the debt incurred?	·	
3241 S MICHIGAN Number Street		·			
CHICAGO	IL	60616	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
			Unliquidated		
Who incurred the debt? Check	k one.		☐ Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims		
	•		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	•		Other. Specify		
□ No					
Yes					
and the state of the control of the desired and the control of the control of the control of the control of the	kalinininin katala watini dherili kalindh walini kuji shinala njilini je taka	and expensive analysis of the party of the end of the e		na del mario de la composição	ause by one wat you
			Last 4 digits of account number	\$	
Nonpriority Creditor's Name			When was the debt incurred?		
Number Street			As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
			☐ Unliquidated		
Who incurred the debt? Check	one.		☐ Disputed		
Debtor 1 only			··· - ·•		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and	f another		Obligations arising out of a separation agreement or divorce that		
O chart if this stain is for a			you did not report as priority claims		
☐ Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other Specify		
☐ No			V V V V V V V V V V V V V V V V V V V		
Yes					
हर पुरस्कान करने प्रस्कृत करने करने अन्यक्षित के ज्ञानक निकार का निवास करने ने प्रस्कान करने हुन एक सम्बद्ध कर इस पुरस्कान करने प्रस्कान करने करने अन्यक्षित करने कि उस निवास करने करने करने करने करने करने हुन एक सम्बद्ध कर	kontrologisette ett prototte ett ett ett ett ett ett ett ett e	ent betito (10 m.) en Jerú en lienve (plientel la commune phil	Last 4 digits of account number	\$	e de la composition
Nonpriority Creditor's Name					
			When was the debt incurred?		
Number Street			As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one		Unliquidated		
	USIC.		☐ Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and	I another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims		
s the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
on the claim summer to ouset?			I Cithar Specific		

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Part 2:

**List All of Your NONPRIORITY Unsecured Claims** 

	Do any creditors have nonpriority un No. You have nothing to report in the		•		· .
1	nonpriority unsecured claim, list the cre	ditor separ ditor holds	ately for each cl	cal order of the creditor who holds each claim. If a creditor has laim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3. If you have more than three no	list claims already
					Total claim
4.1	FIRST PREMIER BANK			Last 4 digits of account number	s 867.00
	Nonpriority Creditor's Name  3820 N LOUISE AVE  Number Street		allekan shakila kamadi makaka shamada shamadi shakila shaka dha shaka shaka shaka shaka shaka shaka shaka shak	When was the debt incurred?	Ψ
:	SIOUX FALLS City	SD State	57107 ZIP Code	As of the date you file, the claim is: Check all that apply.	
:	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a commuls the claim subject to offset?			Obligations arising out of a separation agreement or divorce that you did not report as priority claims     Debts to pension or profit-sharing plans, and other similar debts	
	S the claim subject to onset?  ☐ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.2	CREDITORS DISCOUNT & A	UD	de en el estado de estados en el estados en el estado en el entre de el entre de el entre de el entre de el en	Last 4 digits of account number	ş712.00
	Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street			When was the debt incurred?	
	STREATOR	IL	61364	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only	State	ZiP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:  Student loans	
	Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?  No Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
4.3	FRIEND & FAMILY HEALTH (		addiliau ainmachta am leach air meild an mach na dh'inn air an I	Last 4 digits of account number	e 25.00
	Nonpriority Creditor's Name  800 EAST 55TH STREET  Number Street			When was the debt incurred?	Y
	CHICAGO City	IL State	60615 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only			☐ Contingent ☐ Unliquidated ☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a commun	nity debt		Student loans  Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?  No Yes			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	

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#### Your NONPRIORITY Unsecured Claims — Continuation Page

nter listing any entries on this	page, number the	m beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
RADIOLOGY IMAGIN	G CONSULTAN	NTS	Last 4 digits of account number	s 75.0
Nonpriority Creditor's Name 75 REMMITTANCE DI	RIVE DEPT 132	24	When was the debt incurred?	
Number Street CHICAGO	<b>IL</b>	60675	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec	State sk one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors as	art another		Student loans	
☐ Check if this claim is for	a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset  No Yes	?		Other. Specify	
FRANCISCAN ALLIAN	ice inc	Akazarin nahidi kasarah Salarah Salarah yan nahidi kedir ulam 673	Last 4 digits of account number	\$ 647.0
Nonpriority Creditor's Name			When was the debt incurred?	
28044 NETWORK PLA	NCE .		As of the date you file, the claim is: Check all that apply.	
CHICAGO	IL State	60673 ZIP Code	· · · · · · · · · · · · · · · · · · ·	
City	State	ZIF Code	Contingent Unliquidated	
Who incurred the debt? Chec	k one.		Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors ar	nd another		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a	-		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset	?		Other. Specify	
☐ No ☐ Yes				
EMP OF COOK COUN	TY LLC	raniinada oona ka, tilaa iriiq karayiyay, kariya qoola qoola iiriinii kariisa karii	Last 4 digits of account number	\$572.00
Nonpriority Creditor's Name ATTN 18897Y PO BOX			When was the debt incurred?	
Number Street		0.4046	As of the date you file, the claim is: Check all that apply.	
BELFAST City	ME State	<b>04915</b> ZIP Code	☐ Contingent	
Who incurred the debt? Chec	k nna		Unliquidated	
Debtor 1 only	NOTE.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	•
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors an	d another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
☐ Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	,		Other. Specify	
☐ No ☐ Yes				

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Fill in this information to identify	your case:				
TONYA COODE					
Debtor 1 TONYA GOODE First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		Western Company	
United States Bankruptcy Court for the:	Northern District of Illinois				
Case number				Check if t	this is:
(if known)				☐ An am	nended filing
				,	plement showing postpetition chapter 13 e as of the following date:
Official Form 106l				MM / [	DD / YYYY
Schedule I: You	ir Income				12/15
supplying correct information. If yo	ou are married and not fili se is not filing with you, on top of any additional pag	ng jointly, and yo do not include inf	ur spou ormatio	se is living with to about your spo	or 2), both are equally responsible for you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1	TANDON ODNOMININA		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed	ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	DETOX SPE	CIALIS	T	
Occupation may include student or homemaker, if it applies.	•				
	Employer's name	MCDERMOT	T CEN	ITER	
	Employer's address	120 N SAGA Number Street	MON		Number Street
		CHICAGO City	IL State	60607 ZIP Code	City State ZIP Code
	How long employed the	re?			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated		n. If you have nothi	ng to rep	oort for any line, w	rite \$0 in the space. Include your non-filing
If you or your non-filing spouse habelow. If you need more space, a			rmation	for all employers f	or that person on the lines
			Miles	For Debtor 1	For Debtor 2 or non-filing spouse
<ol><li>List monthly gross wages, sal deductions). If not paid monthly,</li></ol>			2.	\$ 1,800.00	\$
3. Estimate and list monthly over	time pay.		3. +	\$	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$_1,800.00	\$

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Debtor 1	TONYA GOODE First Name Middle Name Last Name		Ca	ise number (ir	(cnown)_			************	**************************************	
	Case Parity		For	Debtor 1		For Debtor 2 or				
			101	PEDIOI 1	gu .	non-filing spouse				
Сор	y line 4 here	🏓 4.	\$	1,800.00		\$				
5. List	all payroll deductions:									
5a.	Tax, Medicare, and Social Security deductions	5a.	\$		_	\$				
5b.	Mandatory contributions for retirement plans	5b.	\$		-	\$				
5c.	Voluntary contributions for retirement plans	5c.	\$		-	\$				
5d.	Required repayments of retirement fund loans	5d.	\$		_	\$				
5e.	Insurance	5e.	\$		_	\$				
5f.	Domestic support obligations	5f.	\$		_	\$				
5g.	Union dues	5g.	\$		-	\$				
5h.	Other deductions. Specify:	5h.	+\$			+ \$				
6. <b>Ad</b>	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	5h. 6.	\$		-	\$				
7. <b>Cal</b>	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,800.00		\$				
8. List	all other income regularly received:									
8a.	Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	***************************************		\$				
8b.	Interest and dividends	8b.	\$			\$				
8c.	Family support payments that you, a non-filing spouse, or a deperegularly receive		<b>*</b>		•	***************************************				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$			\$				
8d.	Unemployment compensation	8d.	\$			\$				
8e.	Social Security	8e.	\$	· · · · · · · · · · · · · · · · · · ·		\$				
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant you receive, such as food stamps (benefits under the Supplement Nutrition Assistance Program) or housing subsidies.  Specify:	stance al 8f.	\$			\$				
8a.	Pension or retirement income	8g.	¢			¢				
		-	Ψ			1 -				
	Other monthly income. Specify:  deltall other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	8h. 9.	T \$		ΙΓ	+ \$				
	Can date: mounts and most of the control of the con	٠. <u>ا</u>	٠		Ļ	<u> </u>	1			
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,800.00	*	\$	=	\$	1,80	0.00
Inclu friend	e all other regular contributions to the expenses that you list in So de contributions from an unmarried partner, members of your househo ds or relatives.	ld, your de	pende	•			•			nament strangara.
	ot include any amounts already included in lines 2-10 or amounts that a bify:				nses	listed in Schedule J. 11.	+	\$		
12. Add	the amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Your Assets and Liabilities and Certa	The result	is the o	combined mo					1,80 mbined nthly inc	

13. Do you expect an increase or decrease within the year after you file this form? ☑ No.

Yes. Explain:

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Fill in this information to identify your case:			
Debtor 1 TONYA GOODE		-	
First Name Middle Name Last Name  Debtor 2	Check if this		
(Spouse, if filing) First Name Middle Name Last Name	An amend	**	petition chapter 13
United States Bankruptcy Court for the: Northern District of Illinois		nent snowing post as of the following	
Case number(If known)	MM / DD /	<del></del>	
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fili information. If more space is needed, attach another sheet to this form (if known). Answer every question.			_
Part 19 Describe Your Household			
Is this a joint case?			
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?			
☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for S</i>	Separate Household of Debtor 2.		
2. Do you have dependents?  No		Danagalautia	
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	SON	20	☐ No ☑ Yes
			☐ No ☐ Yes
			☐ Yes
	***************************************		☐ Yes
			Q No
	The state of the s	and the same of th	☐ Yes
	derinant of the state of the st	destroy to desire the standard to the standard	U No □ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 28 Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplement applicable date.		•	
Include expenses paid for with non-cash government assistance if you	know the value of		
such assistance and have included it on Schedule I: Your Income (Office)	ŕ	Your expenses	TSES
<ol> <li>The rental or home ownership expenses for your residence. Include any rent for the ground or lot.</li> </ol>	first mortgage payments and	4. \$	716.00
If not included in line 4:			0.00
4a. Real estate taxes		4a. \$	0.00
4b. Property, homeowner's, or renter's insurance		4b. \$	0.00
Home maintenance, repair, and upkeep expenses      Homeowner's association or condominium dues		4c. \$4d. \$	0.00
16. Transported a decodiation of condensation acco		· · · · · · · · · · · · · · · · · · ·	

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Debtor 1

TONYA GOODE
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

				Your expe	nses
	<b>-</b>	Additional mortages payments for your recidence, such as home equity topic	E	\$	0.00
Fig.   Security   Inext   Instituting   Instituting   Instituting   Institution   In	Ş.		J.		
St.   Victier, sever, garbage collection   St.   St.   Collection   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone, Internet, satellite, and cable services   St.   Celephone, cell phone,	6.		-	dr.	200.00
Sc.   Telephone, cell phone, Internet, satellite, and cable services   64   \$ 0.000				\$	*************
Food and housekeeping supplies					
				\$	
Childrain and children's education costs   8		6d. Other. Specify:	6d.	\$	
	7.	Food and housekeeping supplies	7.	\$	**************************************
10   Porsonal care products and services   10   \$   \$   \$   \$   \$   \$   \$   \$   \$	8.	Childcare and children's education costs	8.	\$	
11.         Medical and dental expenses         11.         \$         0.00           12.         Transportation. Include gas, maintenance, bus or firain fare. Do not include car payments.         12.         \$         15.00           13.         Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$         0.00           14.         Charitable contributions and religious donations         16.         \$         0.00           15.         Insurance.         15.         Insurance.         15.         \$         0.00           15b. Health insurance         15b. Health insurance         15b. We fide insurance         15c. Vehicle insurance.         \$         0.00           15c. Vehicle insurance. Specify.         15c. Vehicle insurance.         \$         0.00           15d. Other insurance. Specify.         15c. Vehicle insurance.         \$         0.00           15d. Other insurance. Specify.         15c. Vehicle insurance.         \$         0.00           15d. Other insurance. Specify.         15c. Vehicle 1         \$         0.00           15d. Other insurance.         \$         0.00           15d. Other insurance.         \$         0.00           17c. Car payments for Vehicle 2         17c. Car payments for Vehicle 2         17c. Car payments for Vehic	9.	Clothing, laundry, and dry cleaning	9.	\$	
1.	10.	Personal care products and services	10.	\$	
Do not include car payments.   12   100.00	11.	Medical and dental expenses	11.	\$	0.00
Charitable contributions and religious donations   14.   \$ 0.00	12.	·	12.	\$	150.00
15	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a.   2 0.00   15b. Health insurance   15b.   3 0.00   15c. Vehicle insurance   15c.   3 0.00   15c. Vehicle insurance   15c.   3 0.00   15d. Other insurance. Specify:	14.	Charitable contributions and religious donations	14.	\$	0.00
15b. Health insurance   15b. S   0.00     15c. Vehicle insurance   15	15.				
15c. Vehicle insurance   15c. S   0.00     15d. Other insurance. Specify:		15a. Life insurance	15a.	\$	0.00
15d. Other insurance. Specify: 15d. \$ 0.00  16 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00  17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). 18. \$ 0.00  19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		15b. Health insurance	15b.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:		15c. Vehicle insurance	15c.	\$	0.00
Specify:		15d. Other insurance. Specify:	15d.	\$	0.00
Specify:					
17a. Car payments for Vehicle 1       17a. \$ 0.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:	16.	· · · · · · · · · · · · · · · · · · ·	16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other, Specify: 17c. Other, Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: 19. \$ 0.00  20a. Mortgages on other property 20a. \$ 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	17.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
176. Other. Specify: 176. 176. 176. 176. 176. 176. 176. 176.		17b. Car payments for Vehicle 2	17b.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:		17c. Other. Specify:	17c.	\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses		17d. Other. Specify:	17d.	\$	0.00
Specify:	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
20a. Mortgages on other property 20a. Real estate taxes 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00		Specify:	19.	\$	0.00
20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20a. Mortgages on other property	20a.	\$	0.00
20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00		20b. Real estate taxes	20b.	\$	0.00
200. Walliferfulnee, repair, and approach experience		20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20e. Homeowner's association or condominium dues 20e. \$ 0.00		20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
		20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	TONYA GOODE First Name Middle Name Last Name	Case number (d known)		
21. <b>Oth</b>	er. Specify:	21.	+\$	0.00
22. <b>Cal</b>	culate your monthly expenses.			
22a	Add lines 4 through 21.	22a.	\$	1,716.00
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	1,716.00
oo Cala	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,800.00
23b.	Copy your monthly expenses from line 22c above.	23b.	- \$	1,716.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	236.	\$	84.00
•	ou expect an increase or decrease in your expenses within the year after you fil			
	xample, do you expect to finish paying for your car loan within the year or do you exp gage payment to increase or decrease because of a modification to the terms of your	,		
Ø N				

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Eil	in this				3			
	EIII EIIS	information to identif						
De	btor 1	TONYA GOODE	Middle Name	Last Name				
	btor 2		***					
		ng) First Name	Middle Name	Last Name		meritir design		
Uni	ted State	es Bankruptcy Court for the	: Northern District of I	Ilinois				
	se numbe (nown)	er	***************************************	FFL FLAMFILL AND A WILL			[m]: a.	
L		A CONTROL OF THE CONT			r de Marachine de successión de la contraction de successión de successión de successión de successión de succ	.l		eck if this is an ended filing
O.€	ficial	Form 106H						
			450x 15 15 4					
SC	neo	lule H: You	r Codebto	ľ5				12/15
are f and case	iling tognumber number number 2 No. Within 1 Arizona 2 Yes	gether, both are equal the entries in the boxer (if known). Answer of the last 8 years, have a California, Idaho, Lou Go to line 3.  Did your spouse, form	ly responsible for sices on the left. Attacevery question.  (If you are filing a join you lived in a commisiana, Nevada, New Jer spouse, or legal entry state or territory did	upplying correct the Additional of the Additiona	t information. It Page to this post either spouse state or territor Rico, Texas, Warryou at the time	f more space age. On the as a codebi y? (Commushington, are?	nity property states and territories inc	age, fill it out, your name and
		City	Stale	THE PERSON NAMED IN COLUMN TO THE PE	ZIP Code	····		
:	shown i Schedu Schedu	in line 2 again as a co de D (Official Form 10 de E/F, or Schedule G	debtor only if that p 6D), Schedule E/F (C	erson is a guara Official Form 10	entor or cosign	er. Make su Iule G (Offic	nouse is filing with you. List the per tre you have listed the creditor on tial Form 106G). Use Schedule D,	
	Columi	n 1: Your codebtor				Co.	lumn 2: The creditor to whom you o	we the debt
<del></del>						Ch	eck all schedules that apply:	
3.1	-			***************************************			Schedule D, line	
	Name						Schedule E/F, line	
	Number	f Street			***************************************		Schedule G, line	
	City		State		ZIP Code			
3.2	,		, Janu		Zii Oddo			1
	Name				***************************************		Schedule D, line	•
				·····			Schedule E/F, line	
	Number	Street					Schedule G, line	
	City		State		ZIP Code			.!
3.3						ŗ~~b	Cohaduta D. Um.	1
	Name						Schedule D, line	
	Number	Street					Schedule E/F, line Schedule G, line	
						<u></u>	CONTINUE CO, IIIAC MARIAMENTON	
	City		State		ZIP Code			

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Debtor 1

<b>TONYA</b>	GOODE

First Name Middle Name Last Name

Case number (if known)\_

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180				
飜				

### Additional Page to List More Codebtors

Column	1: Your codebtor			Column 2: The creditor to whom you owe the del
				Check all schedules that apply:
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street			Schedule G, line
City	Annual Annua	State	ZIP Code	
				Schedule D, line
Name				Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street			□ Schedule G, line
City		State	ZIP Code	
~~~				Gchedule D, line
Name				Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	
Name				Schedule D, line
Ivallie				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	
Name				Schedule D, line
None				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	<del></del>
Name				Schedule D, line
· MILLIG				☐ Schedule E/F, line
Number	Street	And the second s		Schedule G, line
City	***************************************	State	ZJP Code	-
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street	1.		Schedule G, line
City		State		

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	II in this information to identify your	
F	Il in this information to identify your case:	
De	btor TONYA GOODE First Name Middle Name Last Name	•
	obtor 2 oouse If filing) First Name Middle Name Last Name	
Ur	aited States Bankruptcy Court for the: Northern District of Illinois	
	ise number known)	Check if this is an amended filing
		another many
Of	ficial Form 106G	
S	chedule G: Executory Contracts and	d Unexpired Leases 12/15
info add	as complete and accurate as possible. If two married people are filing rmation. If more space is needed, copy the additional page, fill it out, itional pages, write your name and case number (if known).  Do you have any executory contracts or unexpired leases?  No. Check this box and file this form with the court with your other school.	number the entries, and attach it to this page. On the top of any edules. You have nothing else to report on this form.
2.	Yes. Fill in all of the information below even if the contracts or leases a List separately each person or company with whom you have the con example, rent, vehicle lease, cell phone). See the instructions for this for unexpired leases.	stract or lease. Then state what each contract or lease is for (for
	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1		
2.1	Name	-
	Number Street	****
	Number Street	_
2.2	City State ZIP Code	
	Name	<del></del>
	Number Street	<del></del>
2.3	City State ZIP Code	
	Name	
	Number Street	
	City State ZIP Code	
2.4	Name	
	Number Street	_
	City State ZIP Code	
2.5		_
	Name	
	Number Street	
	City State 7IP Code	···

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Debtor	1	

TONYA	GOODE

Last Name First Name Middle Name

Case number (if known)\_

		Additional Pa	ige if You l	lave More Contracts or Lease	es
	Person	or company w	ith whom yo	u have the contract or lease	What the contract or lease is for
2.2	i i				
	Name				
	Number	Street	· · · · · · · · · · · · · · · · · · ·		MANAGAN.
	City		State	ZIP Code	
2			******	er terretari e e e e e e e e e e e e e e e e e e e	
· · · · · · · · · · · · · · · · · · ·	Name				-
	Number	Street			
	City		State	ZIP Code	
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	Name	····			and the same of th
	-				
	Number	Street			
	City		State	ZIP Code	
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	Name				
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	City		State	ZIP Code	
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	Name				
	Number	Street			Mary .
	City		State	ZIP Code	_
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	Name				<u> </u>
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	Number	Street			
	City		State	ZIP Code	·
2				to the transfer of the control of the control of the way.	en e
	Name				
	Number	Street			
	City		State	ZIP Code	_
	.,				
2	Name				_
			***************************************	THE STATE OF THE S	
	Number	Street			-
i	City		State	ZIP Code	_

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Fill in this information to identify your ca	Sel			
Debtor 1 TONYA GOODE  First Name Middle	Name Last Name			
Debtor 2				
(Spouse, if filing) First Name Middle	Name Last Name			
United States Bankruptcy Court for the: Northern	District of Illinois			
Case number (if known)			Chook	if this is an
				led filing
Official Farms 400D				J
Official Form 106D				
	s Who Have Claims Secur	**************************************		12/15
Be as complete and accurate as possible, information. If more space is needed, cop additional pages, write your name and car	If two married people are filing together, both are e y the Additional Page, fill it out, number the entries, se number (if known)	qually responsible t and attach it to this	for supplying correct form. On the top of	:t f any
pages, with your name and oa.	or manuscript and the manuscript			
1. Do any creditors have claims secured b				
Yes. Fill in all of the information below.	m to the court with your other schedules. You have noth	ing else to report on	this form.	
was 163.1 is it all of the information below.				
Part 11 List All Secured Claims				
n Listali accuradata in 16 m Jitata	The state of the s	Column A	Column B	Column C
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	abetical order according to the creditor's name.	value of collateral.	claim	If any
2.1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		7		-
Number Street				
	As of the date you file, the claim is: Check all that apply.	J		
***************************************	Contingent			
City State ZIP Code	Unfiquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	U Judgment lien from a lawsuit Other (including a right to offset)			
☐ Check if this claim relates to a	United (including a right to offset)	-		
community debt  Date debt was incurred	Look & divite of gazavet			
remonstration de la transmission de la construcción				er in villangijar hjelet weet om te er rener om tillanelle til skullengiju.
Creditor's Name	Describe the property that secures the claim:	\$	\$\$	<u> </u>
				:
Number Street				
	As of the date you file, the claim is: Check all that apply. Contingent			
	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
	Last 4 digits of account number			
The second second by a second by a second se	olumn A on this page. Write that number here:	an mentingan peranggan penganggan pengangan penganggan penganggan penganggan penganggan penganggan penganggan B	$eq:control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_control_co$	elietarina mandarilarini Nobel e sepanje

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Debtor 1 TONYA GOODE Case number (if known)

r#st Name Middle Name	Last Name			
Additional Page Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street	-			
City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	J		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit  Other (including a right to offset)			
Check if this claim relates to a community debt	Cities (modding a right to disety	•		
Date debt was incurred	Last 4 digits of account number			
一种,我们就是我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们	Describe the property that secures the claim:	\$	\$ 5	etinaaniseaanteleanisettainenisettainenisettainenisettainenisettainenisettainenisettainenisettainenisettainen
Creditor's Name		·	<u> </u>	·
Number Street	-			
Number Steet	As of the date you file, the claim is: Check all that apply.	!		
	Contingent			
	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	riteriorni kitoren ete erreta erreta en international en erreta est insusat international en en est est insusat	\$	artimotija tillarez emelya a zamljani zlazilimot mezemnya k ye
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit			
_	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	s in Column A on this page. Write that number here:	s		
Sel-te et e	add the dollar value totals from all pages.	\$		

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Debtor 1

Ţ	Of	۸,	Y	4	G	O	O	D	E
-		•		•		-	-	****	-

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

Part 2:	<b>List Others</b>	to Be	Notified	for a	Debt	That	You	Aiready	Listed
	FISC Office 2	m be	MOTHIFFE	101 S	nent	Inat	rou	Aireau)	Liste

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			
		**************************************		
,	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street		***************************************	
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Li	Name			Last 4 digits of account number
	Number Street			_
	City	State	ZIP Code	<del>-</del> -
	1, 111111111111111111111111111111111111			On which line in Part 1 did you enter the creditor?
	Name	***************************************		Last 4 digits of account number
	Number Street	THE THE PASSAGE THE SECOND		
	City	State	ZIP Code	-
			er e	On which line in Part 1 did you enter the creditor?
L	Name			Last 4 digits of account number
	Number Street			
	City	State	ZIP Code	- -
				On which line in Part 1 did you enter the creditor?
أا	Name			Last 4 digits of account number
	Number Street	A CONTRACTOR OF THE CONTRACTOR		
	City	State	ZiP Code	

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F	ill in this inf	ormation to identify yo	ur Casei						
D	ebtor 1	TONYA GOODE First Name	Middle Name	Last Name					
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		ALCOHOL:			
U	nited States B	ankruptcy Court for the: Nor	them District of Illi						
	ase number f known)								Check if this is an amended filing
		orm 106C							
5	ched	ule C: The	Proper	ty You	Claim	as	Exemp	t	04/16
Usi spa	ng the prope ce is needed	and accurate as possible rty you listed on Schedul d, fill out and attach to this case number (if known).	le A/B: Property (C	official Form 106	A/B) as your so	ource, list	the property th	at you claim a	s exempt. If more
spe of a reti limi	cific dollar any applicab rement fund ts the exem	of property you claim as amount as exempt. Alte ble statutory limit. Some is—may be unlimited in aption to a particular do do to the applicable stat	ernatively, you ma e exemptions—so n dollar amount. I llar amount and t	ay claim the ful ich as those fo lowever, if you	l fair market v r health aids, i claim an exer	alue of the rights to ription of	he property be receive certair f 100% of fair r	ing exempted benefits, an narket value	d up to the amount ad tax-exempt under a law that
P	ant 1: Ide	entify the Property Y	ou Claim as Ex	rempt					
	You are	of exemptions are you or claiming state and federal exemptions or claiming federal exemptions or content of the	ral nonbankruptcy tions. 11 U.S.C. §	exemptions. 11 522(b)(2)	U.S.C. § 522(I	b)(3)			
		ription of the property ar A/B that lists this propert		nt value of the n you own	Amount of the	he exemp	ition you claim	Specific la	aws that allow exemption
				the value from lule A/B	Check only o	ne box for	each exemption	<b>)</b> .	
	Brief description Line from Schedule A		<u>\$30.</u>	00		fair marke	et value, up to itutory limit	#14 FEB 14 FEB 1	
	Brief description Line from Schedule A		\$\$ <u>1,0</u>	00.00		fair marke	et value, up to tutory limit	***************************************	
	Brief description: Line from Schedule A		\$ <u>250</u>	0.00		fair marke	et value, up to tutory limit	***************************************	
3.	(Subject to a  ☑ No		ad every 3 years at	fter that for case			-	i.)	

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Document

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Debtor 1

TONYA GOODE
First Name Middle Name First Name

Last Name

Case number (if known)\_

### Part 2:

### Additional Page

Brief descript on Schedule	tion of the property and line A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	FURNITURE	\$250.00	□ \$ <u>250.00</u>	
Line from Schedule A/B:	Androsom minimum and a second		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:	No the control of the		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>U</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	<b>-</b> \$	
Line from Schedule A/B:	Milde Andrewson		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:	***************************************		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>_</b> \$	
Line from Schedule A/B:	and the same transfer and		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b></b>	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b></b>	*
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> s	
Line from Schedule A/B:	without the construction and t		100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	<b>□</b> \$	
Line from Schedule A/B:	NACONAL CARACTERISTICS CONTRACTOR		☐ 100% of fair market value, up to any applicable statutory limit _	

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Fill in this in	formation to id	entify your case:		
Debtor 1	TONYA GO	ODE Middle Name	Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	****
- · · · · · · · · · · · · · · · · · · ·				
United States Bankruptcy Court for the: Northern District of Illinois  Case number  (If known)				
(				

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Park H List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's name: N/A	☐ Surrender the property.	□ No
Description of property securing debt:	☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	☐ Yes
	a retain the property and texpiants.	
Creditor's	☐ Surrender the property.	O No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
•	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	☐ No
	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	

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n	۵h	in	•	4	

TONYA C			Case number (if known)
First Name	Middle Name	i.ast Name	

ĸ.	5555		32500	
r	- 100	ALC: A	152	705
и		Ls:	907 A	-65

**List Your Unexpired Personal Property Leases** 

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Lessor's name:  Description of leased property:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased property:	Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:	☐ Yes ☐ No ☐ Yes ☐ No
Lessor's name:  Lessor's name:	Description of leased property:  Lessor's name:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:	□ No □ Yes □ No
Description of leased property:	Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased	☐ Yes ☐ No
Description of leased property:  Description of leased	Description of leased property:  Description of leased property:  Description of leased property:  Description of leased	 •• No
Description of leased property:  essor's name:  Description of leased property:  Description of leased	Description of leased property:  essor's name:  Description of leased	
resor's name:    No	essor's name: Description of leased	☐ Yes
Description of leased roperty:  Description of leased	Description of leased	and the state of t
Description of leased roperty:  Description of leased research leased roperty:  Description of leased roperty:  Description of leased roperty:  Description of leased roperty:  Description of leased research leased research leased research leased research leased leased research leased		•
Description of leased roperty:  essor's name:  Pescription of leased  Or Yes  Pescription of leased	Toporty.	Yes
Description of leased roperty:  Description of leased reperty:	essor's name:	☐ No
Pescription of leased Yes		Yes
rescription of leased	essor's name:	□ No
	escription of leased	Yes
essor's name:	essor's name:	□ No
rescription of leased roperty:		Yes

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Fill in this	nformation to	identify your case:			
Debtor 1	TONYA G	OODE			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name	Professional and an analysis of the Contract o	
United States	Bankruptcy Cou	rt for the: Northern District of	Illinois		
Case numbe	r				06 - 1 200 - 1 - 1
(If known)					Check if this is an amended filing
	Form 10	<del></del>	rs for Indiv	iduals Filing for Bankruptcy	04/16
information. number (if k	If more space nown). Answe		ite sheet to this for	g together, both are equally responsible for supplying m. On the top of any additional pages, write your nar our Lived Before	
		narital status?	tus and where t		
□ мал	•				
Man Not					
		s, have you lived anywhere			
☑ No ☐ Yes.	•	laces you lived in the last 3 y	·		Dates Debtor 2 lived there
				☐ Same as Debtor 1	Same as Debtor 1
	ımber Street		From	Number Street	From
N	imber Sueer		То	Number Sueet	То
_			-		
Ci	γ	State ZIP Code	-	City State ZIP Code	
	•				
				Same as Debtor 1	Same as Debtor 1
	mber Street		From	Number Street	From
			То	V	То
	***************************************				
Ci	y	State ZIP Code	-	City State ZIP Code	
3. Within t	he last 8 years	, did you ever live with a sp	ouse or legal equiv	valent in a community property state or territory? (Co da, New Mexico, Puerto Rico, Texas, Washington, and W	mmunity property
⊠ No	with control in		, waaniana, 1464at	, received	- Control (
	Make sure you	fill out Schedule H: Your Co	debtors (Official For	n 106H).	
Part 2: E	xplain the S	ources of Your Income			

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Case number (if known)\_\_\_

4.	Did you have any income from employmen Fill in the total amount of income you received If you are filing a joint case and you have inco	l from all jobs and all busi	nesses, including part-tir	ne activities.	ndar years?
	☐ No ☐ Yes. Fill in the details.				
		Debtor 1		Debior 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips  Operating a business	\$1,800.00	Wages, commissions, bonuses, tips Operating a business	\$
	For last calendar year:	Wages, commissions, bonuses, tips	S	Wages, commissions, bonuses, tips	s
	(January 1 to December 31,)	Operating a business	<u> </u>	Operating a business	Ψ
	For the calendar year before that:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31,)	Operating a business	Ψ	Operating a business	Ψ
	Did you receive any other income during the Include income regardless of whether that income memployment, and other public benefit paying gambling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental inco	of other income are alim me; interest; dividends;	money collected from laws	uits; royalties; and
	Include income regardless of whether that include unemployment, and other public benefit paym	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alim ome; interest; dividends; income that you receive	money collected from laws ed together, list it only once	uits; royalties; and
	Include income regardless of whether that include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do	of other income are alim ome; interest; dividends; income that you receive	money collected from laws ed together, list it only once i you listed in line 4.	uits; royalties; and
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until	ome is taxable. Examples ents; pensions; rental income is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once i you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples ents; pensions; rental income is joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once i you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples ents; pensions; rental income is joint case and you have ach source separately. Do  Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once i you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$
	Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)  \$

**TONYA GOODE** 

Debtor 1

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ebtor 1	TONYA GOODE First Name Middle Name Last Name		Case ni	.mber (# known)	
Part 3:	List Certain Payments You Made Befo	re You Filed	for Bankruptcy		
6. Are eith	ner Debtor 1's or Debtor 2's debts primarily o	onsumer deb	ts?		
🗹 No.	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a perso			defined in 11 U.S.C. § 10	1(8) as
	During the 90 days before you filed for bankru	iptcy, did you p	ay any creditor a total of S	6,425* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n	o not include p	ayments for domestic sur	port obligations, such as	
	* Subject to adjustment on 4/01/19 and every	3 years after th	at for cases filed on or af	ter the date of adjustment.	
☐ Yes	. Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
	During the 90 days before you filed for bankru			600 or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payment	domestic supr	oort obligations, such as c	hild support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
	Trufflori Grock				Loan repayment
		<del></del>			Suppliers or vendors
	City State ZIP Code				☐ Other
	ony				
			\$	\$	☐ Mortgage
	Creditor's Name		T	T	Car
					Credit card
	Number Street				Loan repayment
					Suppliers or vendors
					Other
	City State ZiP Code				
			\$	\$	☐ Mortgage
	Creditor's Name				Car
	Number Street				Credit card
	(See 1 section Construction Con				Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
	ony conc an oode				

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tor 1	TONYA GOODE			····	Case number (it known)	
	First Name Middle Name	Last Name				
nside corpo agent such	orations of which you are a t, including one for a busin as child support and alimo	any general partners; r n officer, director, pers ess you operate as a s	relatives of any son in control, o	general partners; por owner of 20% or	partnerships of which more of their voting	who was an insider? th you are a general partner, securities; and any managing r domestic support obligations,
N N						
LLI Ye	es. List all payments to an	insider.	Dates of	Total amount	Assount vou still	Reason for this payment
			payment	paid	owe	
				\$	\$	
I	Insider's Name					
i	Number Street					
•						
ī	City	State ZIP Code	•			
				\$	\$	
ì	insider's Name			<b>3</b>	<b>.</b> .	
ì	Number Street					
-						
č	City	State ZIP Code				
includ	sider? de payments on debts guar o es. List all payments that b		y an insider.  Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
						The second control of the second seco
Ī	Insider's Name		·	\$	<u>\$</u>	
7	Number Street	***************************************				
·	North Officer					
-	***************************************	***************************************	***************************************			
ē	City	State ZiP Code				
-	Incident Stance		·	\$	\$	
'	Insider's Name					
1	Number Street		·			
^		***************************************				
õ	City	State ZIP Code				

**TONYA GOODE** 

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r 1	TONYA GOODE First Name Middle Name La	st Name		Case numb	oef (if known)	
rt 4:	Identify Legal Actions, Repos	ecoccione en	i Foraclosusa	e		
	1 year before you filed for bankru				or administrative proce	eding?
	such matters, including personal inju intract disputes.	iry cases, small o	laims actions, di	vorces, collection sui	ts, paternity actions, supp	oort or custody modifie
No						
	s. Fill in the details.					
		Nature of the	case	Court or agen	cy	Status of the ca
C	ase title			Court Name		Pending
						On appeal
_				Number Street		Concluded
C	ase number					
				City	State ZIP Code	
C	ase title			Court Name		Pending
						On appeal
_				Number Street		Concluded
C	ase number	_		City	State ZIP Code	VIII. 0.00 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	•			O.L.		
J Ye:	s. Fill in the information below.	De	scribe the propert	<b>y</b>	Date	Value of the prope
	Creditor's Name	<del></del>			{ <del></del>	<u> </u>
	Number Street	Ex	olain what happen			
			Property was r	epossessed.		
	AANAMANAT T	<u></u>	Property was f			
		Q	Property was g	arnished.		
	City State ZIP	Code	Property was a	ittached, seized, or le	evied.	anganga makag man una maluk mana man man man man
		Des	scribe the propert	y	Date	Value of the prop
	O - Charle Manage	·				<u> </u>
	Creditor's Name					
	Number Street	Ex	olain what happen			
			Property was r	enossessed		
			Property was f			
	Charles Start Start		Property was g			
	City State ZIP	Code		uttached coized or le	wind	

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Case number (if known)\_

hin 90 days before you filed for bankrup counts or refuse to make a payment bec	ause you owed a debt?	_	-
No	•		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			\$
Number Street	-		
	•		
City State ZIP Code	Last 4 digits of account number: XXXX		
City State ZIP Code	Last 4 digits of account fidinger. XXXV		
Yes			
List Certain Gifts and Contribu	rtions		
List Certain Gifts and Contribu	Kions		
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600	otcy, did you give any gifts with a total value of more than \$1  Describe the gifts	000 per person  Dates you ga	N
No Yes. Fill in the details for each gift.		Dates you ga	No.
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you ga	No.
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you ga	ve Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you ga	No.
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you ga	ve Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you ga	ve Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you ga	ve Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you ga	ve Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600		Dates you ga	ve Value \$\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street	Describe the gifts	Dates you ga	ve Value \$\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you ga	ve Value \$\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you ga	ve Value \$\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you ga	ve Value \$\$

**TONYA GOODE** 

Debtor 1

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Within 2 years before you filed for No  Yes. Fill in the details for each Gifts or contributions to charitithat total more than \$600  Charity's Name  Number Street  City State ZIP Code  It 6: List Certain Losses  Within 1 year before you filed for disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost how the loss occurred	each gift or contribution harities Decomposed for bankruptcy or lost and Decomposed for bankruptcy or lost a	otcy, did you give any gifts or contribution.  Describe what you contributed		Date you contribu	ı Value
Ves. Fill in the details for each Gifts or contributions to charitithat total more than \$600  Charity's Name  Number Street  City State ZIP Code  1 6: List Certain Losses  Within 1 year before you filed for disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	each gift or contribution  harities Decomposition	Describe what you contributed  ccy or since you filed for bankry  Describe any insurance coverage  Include the amount that insurance		Date you contribu	ı Value
Yes. Fill in the details for each Gifts or contributions to charitithat total more than \$600  Charity's Name  Number Street  City State ZIP Code  t 6: List Certain Losses  Within 1 year before you filed for disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost	each gift or contribution  harities Decomposition	Describe what you contributed  ccy or since you filed for bankry  Describe any insurance coverage  Include the amount that insurance		Date you contribu	ı Value
Yes. Fill in the details for each Gifts or contributions to charitithat total more than \$600  Charity's Name  Number Street  City State ZIP Code  List Certain Losses  Vithin 1 year before you filed for lisaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost	each gift or contribution  harities Decomposition	Describe what you contributed  ccy or since you filed for bankry  Describe any insurance coverage  Include the amount that insurance		Date you contribu	ı Value
Yes. Fill in the details for each Gifts or contributions to chariti that total more than \$600  Charity's Name  Number Street  City State ZIP Code  t Gas List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	de ses lost and De lnc	Describe what you contributed  ccy or since you filed for bankry  Describe any insurance coverage  Include the amount that insurance	uptcy, did you lose a	contrību	
Gifts or contributions to charitithat total more than \$600  Charity's Name  Number Street  City State ZIP Code  1 6: List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost	de ses lost and De lnc	Describe what you contributed  ccy or since you filed for bankry  Describe any insurance coverage  Include the amount that insurance	uptcy, did you lose a	contrību	
Charity's Name  Charity's Name  Number Street  City State ZIP Code  List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost.	de  ses  ed for bankruptcy or  lost and De	ccy or since you filed for bankro Describe any insurance coverage	uptcy, did you lose a	contrību	
Number Street  City State ZIP Code  1 6: List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  1 No 1 Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		\$ \$
Number Street  City State ZIP Code  It 63: List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		\$ \$
Number Street  City State ZIP Code  It 63: List Certain Losses  Within 1 year before you filed fo disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		\$
City State ZIP Code  1 6: List Certain Losses  Within 1 year before you filed for disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		<u>\$</u>
City State ZIP Code  1 6: List Certain Losses  Vithin 1 year before you filed folisaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
City State ZIP Code  List Certain Losses  Vithin 1 year before you filed fo lisaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a	:	
Vithin 1 year before you filed fo lisaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
Vithin 1 year before you filed fo lisaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
Vithin 1 year before you filed for disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
Vithin 1 year before you filed for disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
Vithin 1 year before you filed for disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	od for bankruptcy or lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
issaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost.	lost and De	Describe any insurance coverage include the amount that insurance	uptcy, did you lose a		
		claims on line 33 of Schedule A/B	e has paid. List pending in	Date of y loss surance	your Value of property lost
			: Property.		
					<u> </u>
				· ·	
174 List Certain Payment	ents or Transfers	sfers			

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	Name Last I	Name	Case number (# known)	***************************************	<del></del>
$Value = 0.000 \ a color de c$		Description and value of any property trans	sferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		All Marian and All Model	i ita i si in tala sa ila		
Number Street				:	\$
				: !	\$
				:	
City St	itate ZIP Code			:	
Email or website address		-			
Person Who Made the Paymer	nt, if Not You		,		
o not include any payment No I Yes. Fill in the details.	or transfer that yo	ou listed on line 16.			
		Description and value of any property trans	sferred	Date payment or transfer was	Amount of pay
				made	
Person Who Was Paid					
Number Street			:		\$
			:		\$ \$
Number Street  City S	State ZIP Code	tcy, did you sell, trade, or otherwise tran	nsfer any property t	o anyone, other tha	\$s
Number Street  City S  ithin 2 years before you to ansferred in the ordinary clude both outright transfer on to include gifts and transferont.	filed for bankrup r course of your t ers and transfers m	otcy, did you sell, trade, or otherwise transpusiness or financial affairs? Inde as security (such as the granting of a see already listed on this statement.		•	
Number Street  City S  ithin 2 years before you tansferred in the ordinary clude both outright transfer ont include gifts and transfer No	filed for bankrup r course of your t ers and transfers m	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property		ortgage on your properties or payments received	
Number Street  City S  ithin 2 years before you tansferred in the ordinary clude both outright transfer on to include gifts and transferred.	filed for bankrup r course of your t ers and transfers m esfers that you hav	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m	ortgage on your properties or payments received	Date trans
Number Street  City S  Sthin 2 years before you tansferred in the ordinary clude both outright transfer ont include gifts and transfer No  Yes. Fill in the details.	filed for bankrup r course of your t ers and transfers m esfers that you hav	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m	ortgage on your properties or payments received	Date trans
Number Street  City S  ithin 2 years before you the ansferred in the ordinary clude both outright transfer on the include gifts and transfer o	filed for bankrup r course of your t ers and transfers m esfers that you hav	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m	ortgage on your properties or payments received	Date trans
Number Street  City S  ithin 2 years before you the ansferred in the ordinary clude both outright transfer or not include gifts and transfer or No.  Yes. Fill in the details.  Person Who Received Transfer Number Street	filed for bankrup r course of your t ers and transfers m esfers that you hav	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m  Describe any property or debts paid in exchar	ortgage on your properties or payments received	Date trans
Number Street  City S  ithin 2 years before you the ansferred in the ordinary clude both outright transfer or not include gifts and transfer or No.  Yes. Fill in the details.  Person Who Received Transfer Number Street	filed for bankrup r course of your tens and transfers may reserve that you have take ZIP Code	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m  Describe any property or debts paid in exchar	ortgage on your property or payments received age	Date trans
Number Street  City S  ithin 2 years before you to ansferred in the ordinary clude both outright transfer on the include gifts and transfer on	filed for bankrup r course of your tens and transfers may refers that you have refers that you have refers that you have	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m  Describe any property or debts paid in exchar	ortgage on your property or payments received age	Date trans
City S  City S	filed for bankrup r course of your tens and transfers may refers that you have refers that you have refers that you have	ousiness or financial affairs?  nade as security (such as the granting of a security (such as the granting of a second listed on this statement.  Description and value of property	security interest or m  Describe any property or debts paid in exchar	ortgage on your property or payments received age	Date trans

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Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred.  Name of trust  List Certain Pfinancial Accounts, instruments, Safe Deposit Boxes, and Storage Units  Within 11 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, losed, sold, moved, or transferred?  nclude checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, ponsion funds, cooperatives, associations, and other financial institutions.  Yes. Fill in the details.  Last 4 digits of account number Type of account or closed, sold, moved, or transferred  Name of Financial Institution  XXXX	tor 1	TONYA GO	ODE		Case number (# known)	
The abeneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  Date transfer was made  Name of trust  List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX				ast Name	Color Total Mark to Color Tuesday Color Tues	
The abeneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  Date transfer was made  Name of trust  List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX						
The abeneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property transferred  Date transfer was made  Name of trust  List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX	44°44. T.	40				
Description and value of the property transferred    Name of trust					ty to a self-settled trust or similar device of v	vhich you
Description and value of the property transferred    Date transfer was made		•	ese are offerr outles	abbet protocilors de viceos.		
Description and value of the property transferred   Date transfer was made			ilo			
Name of trust  List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX Checking  Savings  Money market  Brokerage  Other	_1 Y6	es. Fill in the deta	iis.			
Name of trust    State   Certain   Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units						
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prockerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument closed, sold, moved, closed, sold, moved, or transferred  Name of Financial Institution  XXXX						was made
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List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prockerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number  Last 4 digits of account number  Type of account or instrument  Checking  Savings  Money market  Brokerage  Other  Number Street  Money market  Brokerage  Other  Brokerage  Other  Other  Brokerage  Other  Brokerage  Other  Other  Brokerage  Other	Na	ame of trust		<del></del>		
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Vithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, orokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No I Yes. Fill in the details.  Last 4 digits of account number  Last 4 digits of account number  Type of account or instrument  Checking  Savings  Money market  Brokerage  Other  Number Street  Money market  Brokerage  Other  Money market  Brokerage  Other  Brokerage  Other						
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?   Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, credit unions, proceeding the process of deposit; shares in banks, cr						
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution XXXX	ego equepundonis	denance a national familiar (a nidamena familiar den a Nidamena familiar).	anaman ya nga waya ya nganay wananana manyan na na ngan na wa nanana na na na			and the second s
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution XXXX	1.85	List Cortain F	Inancial Accour	its, Instruments, Safe Deposit	Boxes, and Storage Units	
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, crokerage houses, pension funds, cooperatives, associations, and other financial institutions.    No   Yes. Fill in the details.	30000000					hanafit
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions.    No				prcy, were any financial accounts t	or instruments held in your name, or lor your	benent,
Prokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX				et, or other financial accounts; certi	ificates of deposit; shares in banks, credit ur	iions,
Last 4 digits of account number    Type of account or instrument   Date account was closed, sold, moved, or transferred						•
Name of Financial Institution  XXXX—  City  State ZIP Code  XXXX—  Checking  Savings  Money market  Brokerage  Other  Checking  Savings  Money market  Brokerage  Other  Savings  Money market  Brokerage  Other  Money market  Brokerage  Other  Number Street  Money market  Brokerage  Other  Number Street  Money market  Brokerage  Other  Money market  Brokerage  Other  Money market  Brokerage  Other	Z N	0				
Name of Financial Institution  XXXX	<b>]</b> Y	es. Fill in the det	ails.			
Name of Financial Institution  XXXX				Last 4 digits of account number	Type of account or Date account was	Last balance before
Number Street  Number Street  Savings  Money market  Brokerage  City State ZIP Code  XXXX-  Checking  Savings  Checking  Savings  Checking  Savings  Money market  Brokerage  Cother  Savings  Money market  Brokerage  Checking  Savings  Money market  Brokerage  Other  Other				Last 4 tigles of account account	instrument closed, sold, moved,	
Number Street    Savings   Money market   Brokerage   Other   Name of Financial Institution   Savings   Savings   Savings   Savings   Savings   Savings   Savings   Savings   Savings   Money market   Brokerage   Other					or transferred	
Number Street    Savings   Money market     Brokerage     Other	*	Name of Financial Inst	itution		Пактия	•
Money market  Brokerage  City State ZIP Code  XXXX—  Checking  Savings  Number Street  Brokerage  Other  Street  Dother  Other  Street  Dother  Other  Other  Other  Other  Other  Other				XXXX	***************************************	<b>&gt;</b>
City State ZIP Code City State ZIP Code City State ZIP Code Checking \$	N	Number Street	NAME OF THE OWNER OWNER OF THE OWNER	<del>-</del>		
City State ZIP Code    Other	_		×	<del>_</del>		
Name of Financial Institution  Savings  Money market  Brokerage  Other					☐ Brokerage	
Name of Financial Institution  Savings  Number Street  Brokerage  Other					Other	
Name of Financial Institution  Savings  Number Street  Brokerage  Other	ā	City	State ZIP Code			
Number Street  Money market  Brokerage  Other	č	City	State ZIP Code			
Number Street  Money market  Brokerage  Other	_			XXXX	Checking	\$
Brokerage	_			xxxx		\$
Other	Ñ	Name of Financial Inst		xxxx	☐ Savings	\$
	Ñ	Name of Financial Inst		XXXX	Savings  Money market	\$
	Ñ	Name of Financial Inst			☐ Savings ☐ Money market ☐ Brokerage	\$
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	č	City	State ZIP Code			
Other	N	Name of Financial Inst		XXXX	☐ Savings	\$
Uny State ZIP Code	Ñ	Name of Financial Inst		xxxx	☐ Savings ☐ Money market ☐ Brokerage	\$
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	N N To Oo yo	Name of Financial Inst Number Street City	State ZIP Code		☐ Savings ☐ Money market ☐ Brokerage	\$ y for
	N N To Yo yo Secur	Name of Financial Inst Number Street City ou now have, or o	State ZIP Code		Savings  Money market  Brokerage  Other	\$y for
securities, cash, or other valuables?  No	Do yo secur	Name of Financial Inst Number Street  City  Du now have, or or rities, cash, or ot	State ZIP Code did you have within ther valuables?		Savings  Money market  Brokerage  Other	\$ y for
A No	No yo secur	Name of Financial Inst Number Street  City  Du now have, or or rities, cash, or ot	State ZIP Code did you have within ther valuables?		Savings  Money market  Brokerage  Other	\$y for
☑ No ☑ Yes. Fill in the details. Who else had access to it? Describe the contents Do you still	No yo secur	Name of Financial Inst Number Street  City  Du now have, or or rities, cash, or ot	State ZIP Code did you have within ther valuables?	1 year before you filed for bankrup	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still
☑ No ☑ Yes. Fill in the details.	No yo secur	Name of Financial Inst Number Street  City  Du now have, or or rities, cash, or ot	State ZIP Code did you have within ther valuables?	1 year before you filed for bankrup	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still
☑ No ☑ Yes. Fill in the details. Who else had access to it? Describe the contents Do you still	No yo secur	Name of Financial Inst Number Street  City  Du now have, or or rities, cash, or ot	State ZIP Code did you have within ther valuables?	1 year before you filed for bankrup	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still have it?
No  I Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still have it?  I No  I Yes	Ñ Ñ Ō Ō Oo yo Secur Mo O	Name of Financial Inst Number Street City ou now have, or o rities, cash, or ot o es. Fill in the det	State ZIP Code did you have within her valuables? ails.	1 year before you filed for bankrup Who else had access to it?	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still have it?
☑ No ☐ Yes. Fill in the details.  Who else had access to it?  Describe the contents  have it?  ☐ No	Ñ Ñ Ō Do yo Secur M O Ye	Name of Financial Inst Number Street City ou now have, or o rities, cash, or ot o es. Fill in the det	State ZIP Code did you have within her valuables? ails.	1 year before you filed for bankrup Who else had access to it?	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still have it?
No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still have it?  No  Name of Financial Institution  Name	Ñ Ñ Ō Ō Ō O O O O O O O O O O O O O O O	Name of Financial Inst Number Street  City  Du now have, or or orities, cash, or ot orities. Fill in the det	State ZIP Code did you have within her valuables? ails.	1 year before you filed for bankrup Who else had access to it?	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you still have it?
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No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  have it?  No  Name of Financial Institution  Name	Do yo secur M No	Name of Financial Inst Number Street  City  Du now have, or or orities, cash, or ot orities. Fill in the det	State ZIP Code did you have within her valuables? ails.	Who else had access to it?  Name  Number Street	Savings  Money market  Brokerage  Other  otcy, any safe deposit box or other depositor	Do you sti have it?

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or 1	TONYA GOODE First Name Middle Name Lat	it Name	Case number (if known)	
ave Ź N		or place other than your home within	1 year before you filed for bank	ruptcy?
_	es. Fill in the details.			
	es. I ii iii die details.	Who else has or had access to it?	Describe the contents	Do you sti have it?
				□ No
	Name of Storage Facility	Name	rumanna principa principa	Yes
	Number Street	Number Street		
		City State ZIP Code	<del>,, , , , , , , , , , , , , , , , , , ,</del>	
	City State ZIP Code		4	
ırt 9:	Identify Property You Hold	or Control for Someone Else		
_		someone else owns? Include any proj	perty you borrowed from, are sto	ring for,
or h	old in trust for someone.			
	vo /es. Fill in the details.			
-	es. I ili ili die details.	Where is the property?	Describe the property	Value
		winete is the property.	booting the property	
	Owner's Name			\$
	Number Street	Number Street	adamenta Marina Marina Marina.	
			86 halis 1944 Andrew (1971 1971 1971 1971 1971 1971 1971 197	
		City State ZIP Co		
	City State ZIP Code	City State ZIP Co	ue .	
n 1	Give Details About Environ	mental information		
	purpose of Part 10, the following def			
haza	irdous or toxic substances, wastes, o	ite, or local statute or regulation conc or material into the air, land, soil, surfa ing the cleanup of these substances,	ice water, groundwater, or other	
Site utiliz	means any location, facility, or prope te it or used to own, operate, or utiliz	rty as defined under any environment e it, including disposal sites.	al law, whether you now own, o	perate, or
	ardous material means anything an electric hazardous material, pollutant	nvironmental law defines as a hazardo	ous waste, hazardous substance	, toxic
	,	s that you know about, regardless of v	when they occurred.	
Has :	any governmental unit notified you th	at you may be liable or potentially liat	ole under or in violation of an en	vironmental law?
<b>Z1</b> N	ło			
	es. Fill in the details.			
		Governmental unit E	nvironmental law, if you know it	Date of notice
Ň	lame of site	Governmental unit		Printed and the second
_				
٨	lumber Street	Number Street		
_		City State ZIP Code		
_		<u> </u>		
ā	ity State ZIP Code			
-				

Official Form 107

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or 1 I ONYA GOODE First Name Middle Name	Case number (# known)	
Have you notified any governmen	ntal unit of any release of hazardous material?	
₩ No	·	
Yes. Fill in the details.		
	Governmental unit Environmental law, if you know it	Date of notice
	The Control of Control	
Name of site	Governmental unit	
rane of otte	Governmenda urba	
Number Street	Number Street	
***************************************		
	City State ZIP Code	
City State 2	IP Code	
	cial or administrative proceeding under any environmental law? Include sett	iements and orders.
Ž No		
Yes. Fill in the details.		Status of the
	Court or agency Nature of the case	case
Case title		☐ Pending
	Court Name	On appeal
<u> </u>		Concluded
	Number Street	Concluded
Case number	City State ZIP Code	
	ony one in vou	
Give Details About	four Business or Connections to Any Business	
☐ A member of a limited liab ☐ A partner in a partnership ☐ An officer, director, or ma ☐ An owner of at least 5% of ☐ No. None of the above applies	naging executive of a corporation  f the voting or equity securities of a corporation	fication number
Business Name	Do not include \$	Social Security number or ITIN.
	EIN:	
Number Street		
	Name of accountant or bookkeeper Dates business	existed
	From	То
City State 2	TP Code	ATTENDED TO THE PARTY OF THE PA
•	Describe the nature of the business Employer Identi	fication number
Business Name	Do not include S	Social Security number or ITIN.
	EIN:	<b>-</b>
Number Street		
	Name of accountant or bookkeeper Dates business	existed
	<del></del>	<b>T</b> -
	From	To

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or 1		Case number	(if known)
	First Name Middle Name Last N		
		Describe the nature of the business	Employer identification number  Do not include Social Security number or ITIN.
	Business Name	and the contraction of the contr	EIN:
	Number Street	Name of accountant or bookkeeper	Dates business existed
			From To
	City State ZIP Code		
/ith	in 2 years before you filed for bankrunt	cy, did you give a financial statement to anyone ab	out your business? Include all financial
ıstil	tutions, creditors, or other parties.	.,,,	,
M L Y	lo 'es. Fill in the details below.		
		Date issued	
	Name	MM / DD / YYYY	e e
	Number Street		
	City State ZIP Code		
	Yesign Below		
: 12			
112 I ha	ve read the answers on this Statement	of Financial Affairs and any attachments, and I deat that making a false statement, concealing property	ty, or obtaining money or property by fraud
142 I ha ans in c	ve read the answers on this Statement		ty, or obtaining money or property by fraud
142 I ha ans in c	ve read the answers on this Statement wers are true and correct. I understant onnection with a bankruptcy case can	i that making a false statement, concealing propert	ty, or obtaining money or property by fraud
l 12 I ha ans in c	ve read the answers on this Statement wers are true and correct. I understant onnection with a bankruptcy case can	i that making a false statement, concealing propert	ty, or obtaining money or property by fraud
ha ans	ve read the answers on this Statement wers are true and correct. I understant onnection with a bankruptcy case can	I that making a false statement, concealing propert result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud
ha ans in c	ove read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.	I that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud
I ha ans in c	ove read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1	that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for Signature of Debtor 2	ty, or obtaining money or property by fraud up to 20 years, or both.
I ha ans in c 18 i	ove read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 1177216  you attach additional pages to Your State	that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for Signature of Debtor 2	ty, or obtaining money or property by fraud up to 20 years, or both.
I ha ans in c 18 i	ove read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 11 17 216  you attach additional pages to Your Statement were and the same and the	that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for Signature of Debtor 2	ty, or obtaining money or property by fraud up to 20 years, or both.
I ha ans in c 18 t	ove read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 11/17/2016  you attach additional pages to Your State No	that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for Signature of Debtor 2	ty, or obtaining money or property by fraud up to 20 years, or both.  Or Bankruptcy (Official Form 107)?
I ha ans in c 18 t	ve read the answers on this Statement wers are true and correct. I understand connection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 11/17/2016  you attach additional pages to Your State Yes  No Yes	statement of Financial Affairs for Individuals Filing for its not an attorney to help you fill out bankruptcy for	ty, or obtaining money or property by fraud up to 20 years, or both.  Or Bankruptcy (Official Form 107)?

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			Document	Page	58 of 58		
Fill in this in	nformation to identify	your case:					
Debtor 1	TONYA GOODE						
	First Name	Middle Name	Last Name		NAME AND ADDRESS OF THE ADDRESS OF T		
Debtor 2 (Spouse, if filing	) First Name	Middle Name	Last Name	THE THE THE TANK AND ADDRESS OF THE TANK AND ADDRESS O			
United States	Bankruptcy Court for the:	Northern District of Illi	nois				
Case number					**************************************		
(if known)							Check if this is an
							amended filing
							v
Officia	Form 106D	ec					
Nocl	aration A	hore on R					
		BOUL CHE H	HUNNYLUIG	21 DE	nrols ac	nequies	12/15
If two mare	ried people are filing	together, both are eq	ually responsible	for supplyi	ing correct informati	on.	
You must t	file this form whenever	er you file bankruptc	y schedules or am	nended sch	edules. Makino a fal	se statement, con	cealing property or
obtaining i	money or property by	fraud in connection	with a bankruptcy	/ case can	result in fines up to	\$250,000, or impri	sonment for up to 20
years, or b	oth. 18 U.S.C. §§ 152	, 1341, 1519, and 357	1.				
	Sign Below						
			MICHAEL CONTRACTOR CON	CONTROL OF CHICAGO			NAME OF THE OWNER
Did vor	ı pay or agree to pay	someone who ic NO	E an attornou to be	olo van fill	aut handmidte f	-0	
M No	· pmy or agree to pay	someone who is no	an attorney to ne	sib you iiii i	out bankruptcy form	S <i>!</i>	
	. Name of person			ند ۸			
100	. Haire of person	***************************************			ach Bankruptcy Petition I nature (Official Form 119		laration, and
				Olg	Motore (Omolet ) Offit 113	<i>y.</i>	
t 6 t							
Under p	enalty of perjury, I de y are true and correc	eclare that I have read t.	d the summary an	d schedule	s filed with this decl	aration and	
	X	1 /					
*(/	Im	In	×				
Signatur	re of Debtor 1		Signature of	Debtor 2		··········	
	110 124						
Date MA	1/17/2016		Date	DD / YYYY	<del></del>		